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OUTREACH PROGRAM BOOSTS DIALYSIS FACILITIES' REFERRALS FOR KIDNEY TRANSPLANTATION, ESPECIALLY FOR AFRICAN AMERICANS

Program may help reduce racial disparities in access to transplantation

Highlight

- An educational and outreach program targeted to dialysis facilities increased rates of referral for transplantation, especially for African American patients.

Among patients with kidney failure, African Americans are 24% less likely than whites to receive a kidney transplant.

Washington, DC (October 13, 2016) — An educational and outreach initiative boosted kidney transplant referrals and reduced racial disparities in such referrals in Georgia, the state with the lowest kidney transplantation rate and the highest proportion of African Americans with kidney failure. The findings appear in an upcoming issue of the *Journal of the American Society of Nephrology* (JASN).

Racial disparities exist in access to early steps in the kidney transplant process, including referral from a dialysis facility to a transplant center. Although a number of studies have attempted to intervene to improve access to transplantation, few have examined whether an intervention can reduce disparities.

With the goal of not only improving referral for transplantation but also reducing racial disparities, Rachel Patzer, PhD, MPH (Emory University School of Medicine) and her colleagues conducted the Reducing Disparities in Access to kidney Transplantation (RaDIANT) Community Study, a randomized, dialysis facility–based, controlled trial involving >9000 patients receiving dialysis from 134 dialysis facilities in Georgia.

During the study, dialysis facilities with either low transplant referral or racial disparities in referral participated in transplant education and engagement activities targeting dialysis facility leadership, staff, and patients. For example, one intervention activity involved a non-profit organization (Georgia Transplant Foundation) that helped place patients who had previously received a transplant to go to a dialysis facility and talk with patients about their experience. Another intervention activity included educational webinars about

transplantation for clinical staff, including information about the common barriers that patients may face and solutions for overcoming these barriers.

Compared with control facilities, facilities that adopted such activities had an increased likelihood of referring patients for kidney transplant evaluation over the following year. “We also found that intervention activities were more effective in getting African American patients referred for transplant compared with whites,” said Dr. Patzer. “This resulted in a significant reduction in racial disparities in referral for transplantation.”

In the intervention facilities, the proportion of African American kidney failure patients who were referred increased from 10% at baseline to 16% at 1 year, whereas referrals decreased from 11.8% to 10.0% in control facilities. Among white kidney failure patients, there was a small, non-significant increase in the average proportion of patients referred for transplantation (from 9.6% to 10.6%) in the intervention facilities vs. a drop from 7.8% to 7.0% in control facilities.

Study co-authors include Sudeshna Paul, PhD, Laura Plantinga, PhD, Jennifer Gander, PhD, Leighann Sauls, RN, CDN, Jenna Krisher, Laura Mulloy, DO, Eric M. Gibney, MD, Teri Browne, PhD, MSW, Carlos F. Zayas, MD, William M. McClellan, MD, MPH, Kimberly Jacob Arriola, PhD, and Stephen Pastan, MD.

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The article, entitled “A Randomized Trial to Reduce Disparities in Referral for Transplant Evaluation,” will appear online at <http://jasn.asnjournals.org/> on October 13, 2016; doi: 10.1681/ASN.2016030320.

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Facebook: For individuals with chronic kidney disease, strict blood pressure control may help protect against kidney failure and premature death. That's the conclusion of a recent analysis of clinical trial data. The findings are published in the *Journal of the American Society of Nephrology*.

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